

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/542497**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓	✓				
2		✓				
3		✓				
4		✓				
5		✓				
6		✓				
7		✓				
8		✓				
9		✓				
10		✓				
11	✓					
12		✓				
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TOTAL IND.	2	✓	2	✓		✓
TOTAL DEP.	19	✓	13	✓		✓
TOTAL CLAIMS	21	✓	15	✓		✓

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		✓		✓		✓
TOTAL DEP.		✓		✓		✓
TOTAL CLAIMS		✓		✓		✓